Introduced by Senator Speier

February 14, 2003

An act to add Section 1255.4 1375.12 to the Health and Safety Code, relating to health facilities care service plans.

LEGISLATIVE COUNSEL'S DIGEST

SB 244, as amended, Speier. Health facilities: emergency departments: oncall services care provider contracts.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act's provisions a crime. Under the act, all contracts by a plan with a provider are required to be fair and reasonable and contain specified provisions.

This bill would additionally require that a contract between a health care service plan and a provider contain a provision for its extension for a period not exceeding 6 months if the parties cannot agree on a new contract. The bill would require that the contract contain provisions relating to the provider's continuity of care obligations under those circumstances.

Because the bill would specify additional requirements under the act, the violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

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This bill would provide that no reimbursement is required by this act for a specified reason.

Existing law provides for the licensure and regulation of health facilities, administered by the State Department of Health Services.

This bill would require the department to conduct a survey of every health facility that operates an emergency department to obtain specified information to identify any areas of systematic problems that are contributing to the lack of access to oneall physician services in emergency departments that is impacting the quality of patient care in hospitals.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: -no yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1255.4 is added to the Health and Safety 1 SECTION 1. Section 1375.12 is added to the Health and 2 3 Safety Code, to read:

1375.12. A contract between a health care service plan and a provider executed by the parties on or after January 1, 2004, shall contain a provision for its extension for a period not to exceed six 7 months, if the plan and provider are unable to agree upon a new contract. The contract between a plan and a provider shall describe the provider's obligation under this section to provide 10 continuity of care upon the contract's termination. The contract between a plan and a provider shall also include the terms and 12 conditions, including the rate and method of payment to the 13 provider for services provided pursuant to this section after the contract's termination. The department shall review all communication from a plan or a terminated provider to an enrollee 15 16 that concerns the continuity of care by the terminated provider.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Code, to read:

1255.4. (a) The department, with input from representatives from medical providers, shall conduct a survey of every hospital that operates an emergency department to collect information to identify any areas of systematic problems that are contributing to the lack of access to oncall physician services that is impacting the quality of patient care in hospitals.

- (b) Specific information collected in the survey shall be limited to information with respect to the diversion of ambulance traffic and the availability of medical specialties. The information shall include the hours on diversion and the reasons for diversion for each hospital, and the hours, per designated specialty, during which the specialty was not available for each hospital.
- (c) (1) The department shall develop standardized definitions applicable to the survey to ensure accuracy of the reported data.
- (2) The information collected for the survey shall exclude all identifying information regarding the health facility, staff, or emergency personnel except that information shall be distinguished by geographic area.
- (d) The failure of a health facility to participate in the survey specified in this section shall not constitute a violation of Section 1290.